STUDENT

WALNUT VALLEY UNIFIED SCHOOL DISTRICT

STUDENT PARTICIPATION IN *VOLUNTARY* FIELD TRIP
PARENTAL PERMISSION & MEDICAL TREATMENT AUTHORIZATION

_____ _____
(Student's Last Name) (Student's First Name)
has permission to participate in the following Field Trip:

Destination: Temescal Canyon HS Date(s) of Trip: 3/9/24

Special Instructions: _____

Time of Departure: 4: 30M Time of Return: 10:30 PM

Leaving From: DBHS Returning To: DBHS

Type of Transportation: Bus

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TO BE COMPLETED BY: PARENT/GUARDIAN:

Health or Special Needs: Check as appropriate.

	My child has NO special needs the staff should be made aware of, and NO medication is required on the trip.
	My child has a special need and instructions are attached.
	Other:

Release and Covenant Not to Sue

We the undersigned, for himself and personal representatives, assigns, heirs, and next of kin, as well as for any minor for whom this Release and Covenant Not to Sue is executed, or that minor's personal representative, assigns, heirs and next of kin, hereby RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the Walnut Valley Unified School District, its agents or employees, or the State of California for any injury, accident, illness or death occurring during or by reason of the field trip or excursion that is the subject of this authorization (Education Code Section 35330), including any injury, accident, illness or death resulting from the negligence of the Walnut Valley Unified School District, its agents or employees, or the State of California.

The undersigned acknowledges that the field trip or excursions addressed by this release is completely VOLUNTARY. Attendance is not required by Walnut Valley Unified School District or any of its agents or employees.

In the event of any illness or injury, I hereby consent to whatever x-ray, medical treatment authorization, anesthetic, medical, dental, or surgical diagnosis and/or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my child's safety and welfare. It is understood that the resulting expenses will be the responsibility of the parent/guardian.

_____ _____ _____
Parent/Guardian Signature Parent/Guardian Print Name Date

Work Phone: (_____) _____ Home Phone:(_____) _____

_____ Student's Date of Birth: ____/____/____
Student's Signature if 18 or over, or if emancipated minor

Medical Insurance Company: _____ Policy Number: _____
(e.g. Kaiser)

If Parent/Guardian is not available, please notify:

_____ _____
(Name) (Relationship)

Home Phone: (_____) _____ Work Phone: (_____) _____

DISTRIBUTION: White -- Teacher; Green -- School Site; Canary -- Parent/Guardian

WAREHOUSE 50-09000 REV. 3/98